

STATE OF NEW HAMPSHIRE

Filing fee: \$15.00
Use black print or type.

Form No. 1

**APPLICATION FOR RESERVATION OF NAME
FOR:
CORPORATION, LIMITED LIABILITY COMPANY,
REGISTERED LIMITED LIABILITY PARTNERSHIP,
LIMITED PARTNERSHIP OR NEW HAMPSHIRE INVESTMENT TRUST**

THE UNDERSIGNED APPLIES FOR RESERVATION OF THE FOLLOWING NAME FOR A
PERIOD OF ONE HUNDRED TWENTY DAYS:

1. CORPORATION NAME (RSA 293-A:4.01)

(Note 1- Name must include "corporation," "incorporated," "limited," "corp.," "inc.,"
"ltd." or words or abbreviations of like import in another language.)

NOTE: NAMES CANNOT BE RESERVED FOR NONPROFIT CORPORATIONS.

2. LIMITED LIABILITY COMPANY NAME (RSA 304-CA)

(Note 2- Name must contain the words "Limited Liability Company" or the abbreviation
"L.L.C.," "L. L. C." , "L L C" or "LLC"

3. REGISTERED LIMITED LIABILITY PARTNERSHIP (RSA 304-A:46)

(NEW HAMPSHIRE) - must contain the words "limited liability partnership" or
the abbreviation "L.L.P." or "LLP" as the **last words or
letters of its name.**)

(FOREIGN) - Must contain the words "limited liability partnership"
"registered limited liability partnership" or "professional
limited liability partnership," or the abbreviation "L.L.P.,"
"LLP," "R.L.L.P.," "P.L.L.P.," "PLLP," "P.L.L." or "PLL" as the
last words or letters of its name.)

4. LIMITED PARTNERSHIP NAME (RSA 304-B:2)

(Name must contain "limited partnership" without abbreviation)

5. NEW HAMPSHIRE INVESTMENT TRUST (RSA 293-B:16)

Application for Reservation of Name for

Form No. 1

(Cont.)

Name Being Reserved

Nature of Business **(Required)**

(NOTE 3)

(Print Name of Applicant)

(No.)

(Street)

(City/Town)

(State)

(Zip Code)

Signature

Its

(NOTE 4)

DATED

Print or type name

Phone Number (_____)_____

E-mail Address _____

- Notes:
1. If a professional corporation, RSA 294-A:7 requires the name shall end in "Professional Corporation," "Professional Association," "Prof. Corp.,," "Prof. Ass'n," "P.C." or "P.A."
 2. If a professional limited liability company, RSA 304-D:6 I requires the name shall end in "professional limited liability company or "P. L. L. C."
 - 3 Enter name and address of individual, corporation, limited liability company, registered limited liability partnership, limited partnership or New Hampshire investment trust.
 4. Signature of applicant and title.

Mail fee with ONE ORIGINAL and ONE EXACT OR CONFORMED COPY to:
Corporation Division, Department of State, PO Box 3713, Concord, NH 03302-3713